

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation <b>AMERICANS FOR PROSPERITY</b>			3. FEC Identification Number  <div>C C90013285</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2111 WILSON BLVD SUITE 350			
(c) City, State and ZIP Code ARLINGTON VA 22201			
2. Occupation and Name of Employer (for Individual Filers Only)			

7. TOTAL INDEPENDENT EXPENDITURES .....	1830.40
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11/01/2014

FEC Schedule 5 (REV. 09/2013)

# **SCHEDULE 5-E** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICANS FOR PROSPERITY

Full Name (Last, First, Middle Initial) of Payee  
Cornerstone Staffing

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 31 / 2014

Mailing Address 5080 Spectrum Drive, #100W

Amount

City State Zip Code  
Addison TX 75001

Amount  
1830.40

Transaction ID : F57.000001

Purpose of Expenditure  
phone banking

Category/  
Type 004

Office Sought: ☒ House State: WV  
☐ Senate District: 03  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:  
Nick Rahall

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election  
for Office Sought 85577.25

Disbursement For: ☐ Primary ☒ General  
2014  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Amount

Purpose of Expenditure

Category/  
Type

Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election  
for Office Sought

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 1830.40

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....▶

(c) **TOTAL** Independent Expenditures.....▶ 1830.40  
(carry total from last page forward to Line 7)